# REPORT DOCUMENTATION PAGE

| 1. AGENCY USE ONLY (leave blank) | 2. REPORT DATE | 3. REPORT TYPE & DATE COVERED |
|---|---|---|
| | ~~May 1996~~ 12/20/95 | DoD Instruction 1322.24, 12/20/95<br>DoDI-1322.24 |

**4. TITLE & SUBTITLE**

Military Medical Readiness Skills Training

**5. FUNDING NUMBERS**

**6. AUTHOR(S)**

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**8. PERFORMING ORGANIZATION REPORT NUMBERS**

**9. SPONSORING/MONITORING AGENCY NAME(S) & ADDRESS(ES)**

**10. SPONSORING/MONITORING AGENCY REPORT NUMBERS**

**11. SUPPLEMENTARY NOTES**



**12a. DISTRIBUTION/AVAILABILITY STATEMENT**

Unclassified, Release Unlimited.

**12b. DISTRIBUTION CODE**

**13. ABSTRACT (Maximum 200 Words)**

This Instruction implements policy under DoD Directive 6000.12 and assigns responsibilities and prescribes procedures for developing and sustaining comprehensive systems for providing, assessing, and monitoring military medical skills training essential for all military personnel, healthcare personnel, and medical units.

**14. SUBJECT TERMS**

**15. NUMBER OF PAGES**

14 Pages

**16. PRICE CODE**

| 17. SECURITY CLASSIFICATION OF REPORT | 18. SECURITY CLASSIFICATION OF THIS PAGE | 19. SECURITY CLASSIFICATION OF ABSTRACT | 20. LIMITATION OF ABSTRACT |
|---|---|---|---|
| Unclassified | Unclassified | Unclassified | |

# Department of Defense
# INSTRUCTION

DoDI-1322.24

December 20, 1995
NUMBER 1322.24

ASD(HA)

SUBJECT: Military Medical Readiness Skills Training

References: (a) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996
(b) DoD Instruction 6020.2, "Basic Life Support (BLS) Training," June 19, 1991 (hereby canceled)
(c) DoD Directive 1200.16, "Contracted Civilian-Acquired Training (CCAT) for Reserve Components," May 30, 1990
(d) DoD Directive 1215.6, "Uniform Reserve, Training and Retirement Category," December 18, 1990
(e) through (h), see enclosure 1

A. PURPOSE

This Instruction:

1. Implements policy under reference (a); and assigns responsibilities and prescribes procedures for developing and sustaining comprehensive systems for providing, assessing, and monitoring military medical skills training essential for all military personnel, healthcare personnel, and medical units.

2. Replaces reference (b).

B. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments (including the Coast Guard when it is not operating as a Military Service in the Department of the Navy by agreement with the Department of Transportation), the Chairman of the Joint Chiefs of Staff, the Unified Combatant Commands, the Inspector General of the Department of Defense, the Uniformed Services University of the Health Sciences, the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard. The term "Reserve component" refers to Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

C. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

D. POLICY

It is DoD policy that:

1. Medical readiness is ensured by training military personnel, healthcare and non-medical personnel, enabling them to provide essential medical support during military operations.

2. Military medical skills shall be developed and maintained by:

a. Establishing policies and procedures to specifically define these skills and the corresponding training requirements.

b. Providing military personnel initial and sustainment training in these skills.

c. Establishing methods to assess, document, monitor, and report training readiness in these skills.

d. Establishing means to adjust training requirements, based on periodic assessment of skills proficiency and changes in doctrine and mission.

3. Military medical skills training shall be conducted under this Instruction and the criteria in DoD Directive 1200.16 (reference(c)), DoD Directive 1215.6 (reference (d)), and DoD Directive 1322.18 (reference(e)).

4. All military personnel shall be able to perform basic first aid. First aid training may be accomplished by non-medical instructors who have completed first aid instruction.

5. Healthcare personnel and medical units shall receive initial and sustainment readiness training to prepare them to perform their primary duties within health service support (HSS) mission across the operational continuum in a joint and combined environment.

6. Healthcare personnel shall complete all Service and command training requirements for deployability within one year of military appointment, enlistment, or completion of initial occupational skill training.

7. A period of basic training (or equivalent training) shorter than 12 weeks may be established by the Secretary concerned for members of the Armed Forces who are qualified for appointment or enlistment in a medical profession or occupation and are serving in a healthcare occupational specialty under 10 U.S.C. 671(reference (f)).

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

a. Exercise authority, direction, and control over the programs and policies specified in this Instruction.

b. At least annually conduct a review of medical readiness training.

c. Review the Services' program objective memorandum (POM) projections and budget, and recommend reprogramming of funds for training as required.

d. Verify that the status of joint/interoperability medical readiness achieves requirements established by the Unified Combatant Commanders.

2. The Assistant Secretary of Defense for Reserve Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

a. Monitor medical readiness training standards and policy for applicability to Reserve personnel. Review Services' POM projections and budget submissions to ensure inclusion of Reserve component medical readiness training when appropriate.

b. Coordinate and make recommendations to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) on length, organization, and content of military medical readiness courses conducted for or by Reserve component members.

3. The Assistant Secretary of Defense for Force Management Policy, under the Under Secretary of Defense for Personnel and Readiness, shall be responsible for overall policy with respect to accession and acquisition of military personnel and for professional military development education.

4. The Deputy Under Secretary of Defense (Readiness), under the Under Secretary of Defense for Personnel and Readiness, shall support the USD(P&R) in carrying out responsibilities for overall policy and program review of training

programs for military personnel and programs for the collective training of military units.

5. The Chairman of the Joint Chiefs of Staff shall formulate policies for joint training and advise the ASD(HA) on the priorities for medical joint training requirements identified by the Unified Combatant Commands.

6. The Secretaries of the Military Departments shall:

a. Issue policy and establish procedures to ensure both active and Reserve component comply with section D., above, to include the following:

(1) Identify and develop medical readiness training standards to meet Service and the Unified Combatant Commanders missions.

(2) Hold the commander to whom the servicemember is normally assigned responsible to ensure military medical readiness skills training is completed.

(3) Perform periodic assessments and inspections to ensure that appropriate medical readiness training is developed and is conducted according to Service policies.

(4) Establish a tracking and reporting mechanism to assess the status of medical readiness training, to include annual review of healthcare personnel's medical readiness training certification and unit medical readiness training.

(5) Establish by regulation procedures to ensure appropriate administrative actions are taken if healthcare personnel fail to maintain medical readiness training.

(6) Maintain regional medical field training sites and local operational training sets, where required, and maximize the tri-Service use of these sites.

(7) Ensure medical units achieve and maintain capability and proficiency to provide the Unified Combatant Commanders' requirements for HSS by participating in realistic training in joint and combined exercises.

b. Program, budget, and account for the costs of implementing this Instruction across all components.

F. PROCEDURES

1. All military personnel are expected to receive military medical skills training; however, training should be focused first on early deployers to support the major contingency plans.

2. Healthcare personnel shall receive an orientation to the member's assigned billet for mobilization or deployment and an annual operational unit mission briefing. The goal is to conduct this in the environment and with the type equipment that the member will use upon deployment.

3. The commander to which the servicemember is normally assigned shall ensure documentation in the Centralized Credentials Quality Assurance System (CCQAS) for healthcare providers and in the appropriate records for all other military personnel. Specific criteria for the medical readiness certification and training documentation process is at enclosure 3. The medical readiness training status of military personnel shall be reviewed annually, (in accordance with E., 6. a.(4) above) and, when requested, provided to ASD (HA), ASD (RA) or the DUSD (Readiness)).

4. Annual fitness reports shall include a statement of medical readiness training compliance.

5. All healthcare personnel shall perform at least five days of medical readiness training annually. Training shall focus on participative, hands-on, and teambuilding unit training, with the unit or like unit with which they are scheduled to deploy or backfill. Training shall address the individual, collective, unit and leadership skills required to perform their individual assignments.

6. Sustainment training shall be related to the member's operational billet and focus on the functions and capabilities that military personnel and units require to properly execute their health service support mission. Examples of activities that may be appropriate for the delivery of sustainment training to healthcare personnel are included in enclosure 4. Training programs in enclosure 5 shall be available for healthcare personnel in the Reserve components to facilitate sustainment training.

7. Military Departments shall program for medical personnel to train with their designated operational unit at least every three years for a minimum of five days.

8. The Military Departments shall program for at least one major CINC sponsored exercise annually. The object of the training will be to fulfill the Chairman Joint Chiefs of Staff's Commended Training Issue (CTI) on Medical

Training Issue (CTI) on Medical Support and Readiness. At a minimum, one hospital unit will be required from each Military Department to include the active and Reserve component in order to exercise HSS across the operational continuum to include backfill and bed expansion requirements.

9. Unified Combatant Commanders shall include medical requirements in the Joint Mission Essential Task Lists (JMETLS). Commander-in-Chief, U.S. Atlantic Command shall plan for and provide forces for at least one exercise annually will meet that criteria in paragraph F.8.

10. The servicemember's commander during training periods is responsible for training and shall ensure validation of training status, capabilities, and readiness is reported in the status of resources and training system report (reference (g)).

11. Readiness training programs shall include realistic and challenging individual and collective medical skills training and maximize the use of emerging technology, such as distance learning, computer simulation and virtual reality.

G. EFFECTIVE DATE

This Instruction is effective immediately.

Stephen C. Joseph, M.D., M.P.H.
Assistant Secretary of Defense for Health Affairs

Enclosures-5
1. References
2. Definitions
3. Medical Readiness Training Certification
4. Sustainment Training Activities
5. Reserve Component Training Programs

REFERENCES, continued

(e) DoD Directive 1322.18, "Military Training," January 9, 1987
(f) Section 671 of title 10, United States Code
(g) Chairman of the Joint Chiefs of Staff Memorandum of Policy (MOP) 11, "Status of Resources and Training System Reports," December 24, 1992
(h) DoD Directive 6025.13, "Clinical Quality Management Program (CQMP) in the Medical Health Services System (MHSS)," July 20, 1995

## DEFINITIONS

1. Healthcare Provider. Military (Active or Reserve component) granted privileges to diagnose, initiate, alter, or terminate healthcare treatment regimens within the scope of his or her license, certification, or registration. This category includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, physical therapists, podiatrists, optometrists, clinical dietitians, social workers, clinical pharmacists, clinical psychologists, occupational therapists, audiologists, speech pathologists, physician assistants, or any other person providing direct patient care as may be designated by the ASD(HA).

2. Healthcare Personnel. Those personnel assigned to medical and non-medical units in support of the health services support mission.

3. Joint Training. Military training based on joint doctrine to prepare forces and/or joint staffs to respond to operational requirements deemed necessary by the Unified Combatant Commands to execute their assigned missions. Training that has as its outcome:

a. A recognition of the interoperability of forces;
b. An understanding of individual Service capabilities and limitations; and
c. The ability to synchronize and integrate force capabilities.

4. Military Medical Skills. Those first aid tasks necessary to perform lifesaving measures. Additionally, healthcare personnel require training in those skills and tasks that prepare them to function clinically across the full spectrum of the continuum of military operations.

5. Medical Readiness Training (MRT). Those courses, hands-on training programs, and exercises designed to develop, enhance and maintain military medical skills. MRT includes individual, collective and unit training experiences required to ensure healthcare personnel and units are capable of performing operational missions.

6. Medical Readiness Training Certification. A process that verifies the preparation of healthcare providers and personnel for operational requirements. The commander's review and verification of individual, collective, and unit medical readiness training, education, and experiences is a critical element of the process.

7. Operational Billet. The position that a servicemember occupies during mobilization or deployment.

8. Operational Unit Mission Briefing. Detailed explanation of the unit's role during mobilization or deployment that will, at a minimum, include concept of operations for all operational plans the unit is scheduled to support; deployment sequence (e.g. time phased force and deployment list (TPFDL) C-date); medical unit commander's intent; mission-essential tasks; and action plan to correct unit training weaknesses.

9. Sustainment Training. Sustainment training is the training required to maintain or enhance the proficiency of individual and unit/platform skills.

10. The following terms, used in this Instruction, are defined in DoD Directive 1322.18 (reference (e)):

a. Training.
b. Individual Training.
c. Collective Training.
d. Unit Training.
e. Institutional Training.
f. On-the-Job Training.
g. Leadership training.

11. The following terms, used in this Instruction, are defined in DoD Directive 1215.6 (reference(d)):

a. Active Duty for Training.
b. Annual Training.
c. Inactive Duty for Training.
d. Initial Active Duty for Training.
e. Individual Mobilization Augment.
f. Individual Ready Reserve.
g. Selected Reserve.

# READINESS TRAINING CERTIFICATION - MEDICAL

1. Military personnel records shall include documentation that each member has completed initial medical skills training consistent with Service doctrine. In addition, medical personnel shall document: completion of initial medical readiness training; physical fitness; and administrative, medical and dental requirements for deployment.

2. Individuals, their supervisors, and the commander shall be accountable to ensure all training and administrative requirements are met. The chain of command shall exercise oversight responsibilities in concert with the Office of the Assistant Secretary of Defense for Health Affairs.

3. Minimum medical readiness training requirements follow:

a. Military Medical Skills Training. All military personnel must complete military medical skills training within 12 months of initial skills training.

b. Initial Medical Readiness Training. In addition to military medical skills training, healthcare personnel shall complete their Service specific initial medical readiness training within 12 months of completion of their initial skills producing course. This training shall concentrate on individual development and shall include, as a minimum:

(1) Service training requirements, such as weapons qualification or familiarization; fire fighting; and protective mask confidence training shall be met.

(2) Completion of the requirements for mobility or preparation for overseas replacement (POR) and or preparation for overseas movement (POM), including routine immunizations.

c. Sustainment Medical Readiness Training. This training shall focus on continued individual development, maintenance of Service specific training and emphasize collective and unit and or platform training:

(1) All military personnel shall receive training needed to maintain proficiency in military medical skills.

(2) All personnel assigned to a medical operational platform or unit shall:

(a) Maintain medical readiness skills through completion of:

1 Military specialty proficiency training. Training required to maintain level of proficiency to perform critical military tasks appropriate for the operational assignment (e.g., training may include threat and future battlefield environment; operational command and control, and communications systems in wartime; and wartime concepts of operations and chemical and biological warfare defense measures).

2 Medical specialty proficiency training to maintain a level of proficiency to perform critical medical tasks appropriate to the operational assignment (e.g., training may include war wound and casualty management, to include gunshot, vascular injuries, orthopaedic, burn, neurological, maxillofacial, hypo/hyper thermal stress and injuries, chemical, biological and nuclear; infectious diseases; combat psychiatry and wartime stress; hypovolemic shock and use of blood fluids; triage and initial evaluation, emergency management of the airway; field sanitation hygiene; and aeromedical evacuation and staging).

(b) Required training shall be completed annually for early deployers and at least every two years for all other personnel.

(c) Complete requirements for mobility, POR and/or POM to include theater specific immunizations.

(d) Participation in realistic individual, collective, and unit medical readiness training, to include joint and combined exercises or deployment.

4. The following data shall be recorded in the medical readiness fields in CCQAS for healthcare providers and in the training record for all other personnel:

a. All members shall have recorded the date of completion of initial medical readiness training.

b. Members assigned to operational billets or platforms shall have recorded annually:

(1) Current mobilization platform unit identification code (UIC).

(2) Date current mobilization platform UIC verified.

(3) Date of commanders' verification of sustainment medical readiness training.

(4) Practice specialty for deployment and/or mobilization.

## SUSTAINMENT TRAINING ACTIVITIES

The following are examples of activities that may be appropriate for the delivery of sustainment training (activities must be consistent with the requirements of subsection D. 6. of the main body of this Instruction above):

1. Mutual Support. Those activities performed by Reserve component healthcare personnel in active duty medical treatment facilities (MTF) during IDT and/or AT.

2. Affiliation Agreements. Formal written agreements negotiated between Reserve units and non-military MTF such as civilian or Veterans Affairs hospitals, whereby healthcare personnel are permitted to perform patient care duties in a clinical environment.

3. Classroom Instruction. Lectures, conferences and/or practical exercises conducted in a classroom environment. This includes classes given in the unit as well as those outside the unit, such as at a regional training center, an active duty training center, a local university, or junior college.

4. Field Exercises. Training conducted outside the classroom, normally employing unit equipment, and operating under simulated combat conditions. An example of a field exercise is a circumstance in which a unit focuses on setting up its medical equipment and simulates the transportation, reception, and treatment of casualties.

5. Mission Support. Those activities performed by healthcare personnel to accomplish the unit's peacetime mission, such as conducting physical examinations, giving immunizations, providing medical support during weapons qualifications and physical proficiency fitness testing, conducting routine sick call or sick bay, and other similar activities.

# RESERVE COMPONENT TRAINING PROGRAMS

The following training programs are designed to attract and retain appropriate healthcare personnel, with the desired skills, in the Reserve components: (Individuals regularly assigned to Selected Reserve (SELRES) units, Individual Mobilization Augmentee positions, and members of the Individual Ready Reserve (IRR) are eligible to participate in these programs. Individuals participating in these programs must complete annual individual and collective readiness training requirements as defined in this Instruction (such training activities must be consistent with the requirements of subsection D. 6. of the main body of this Instruction above).

1. Wartime Alignment of Reserve and Active Medical Systems (WARAMS). WARAMS is a training program designed to maximize the mobilization readiness and operational effectiveness of medical units. The objective of WARAMS is to integrate to the maximum extent possible the Reserve and Active medical units so that their members who work together in wartime train together in peacetime. WARAMS promotes effective identification, organization, training, and operations of the Total Force's medical assets.

2. Medical Readiness Exercises (MEDREX). MEDREX are designed to allow Reserve component medical units and members to participate fully with the active forces in command post and field training exercises. The purpose of MEDREX is to increase operational readiness capabilities to meet wartime medical support requirements. For maximum effectiveness, exercises are conducted at actual wartime employment locations in the United States and in potential overseas theaters of operations. WARAMS and MEDREX provide a collective basis to achieve the highest level of medical readiness.

3. Reserve Flexibility (REFLEX). REFLEX provides and opportunity for Reserve component healthcare personnel to receive Reserve pay and/or retirement points by developing flexible scheduled training programs, instead of traditional unit training assemblies. Training credit may be approved for those activities that would contribute to the wartime medical readiness of the individual. The activities must be approved by the member's unit commander or other authorized supervisor before participation in the activity. The activity must enhance the individual's military medical readiness, and must not be considered part of the individual's private medical practice for which he or she receives compensation. For IRR members, participation in IDT shall be for points only and must have approval of the applicable personnel center manager. Retirement point credit and pay shall be granted in accordance with DoD Directive 1215.6 (reference (d)).

4. Continuing Health Education to Enhance Readiness (CHEER). The purpose of CHEER is to enable healthcare personnel to maintain and enhance their professional skills and to help them meet professional certification, recertification, and licensure requirements while simultaneously contributing to mobilization readiness. The Secretaries of the Military Departments shall allow Reserve healthcare personnel the opportunity to attend at least one approved health education course and/or experience annually in an AT, Active Duty for Training, or IDT status.

5. Physician Reservist in Medical Universities and Schools (PRIMUS). PRIMUS is a medical training program that provides Reserve component physicians with opportunities to earn Reserve pay and retirement point credits while performing IDT with medical universities and schools. The objectives of PRIMUS are:

a. To provide interactions with Reserve members and the civilian community in medical institutions;

b. To increase flexible training opportunities;

c. To provide information and assistance on military medicine matters; and

d. To arrange military medicine educational opportunities.

As a normal adjunct of PRIMUS affiliation, participants may influence eligible applicants to join Reserve medical programs in specialties that are needed by the Department of Defense and encourage IRR members to become members of SELRES units. For IRR members, participation shall be for points only and must have the approval of the applicable personnel center managers.

6. Programs for Nurses and Enlisted Healthcare Personnel. The Secretaries of the Military Departments shall establish programs for the nurses and other healthcare specialists to accomplish objectives similar to those of PRIMUS.